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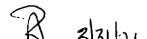
(Requestor's Name)
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COVER LETTER

TO:

TO: Registration Se Division of Cor			÷		
	Del Oro D	esign Studio, LLC	•		
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	initted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		Clayton Luis Slade			
	-	Name of Person			
	D	el Oro Design Studio, LLC			
		Firm/Company			
	109	10950 San Jose Blvd #60-157			
	Address				
	Jacksonville, FL 32223				
		City/State and Zip Code			
		lOroDesign@Gmail.com			
For further information c	E-mail address: (oncerning this matter, please of	to be used for future annual report	notification)		
	· Clayton Luis Slade		333-8022		
		at (time Telephone Number		
Name o	f Person	Area Code Day	anne Telephone Number		
Enclosed is a check for th	ne following amount:				
☐ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres		<u>Street Address</u> Registration	**		
Registration Section Division of Corporations		Division of C			
P.O. Box 632			The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Del	Oro Design Studio, LLC		
(Name of the Limited (A	Liability Company as it now appear: Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liab	ility Company were filed on	01/29/2021	and assigned
lorida document numberL16000218781	 •		
his amendment is submitted to amend the following	ufa:		
A. If amending name, enter the new name of th	e limited liability company he	<u>re</u> :	
'he new name must be distinguishable and contain the word	e "Limited Liability Communy" the de	signation "LLC" or the	abbreviation "L. C."
, and the second	,	signation LLC of the c	concentration Lines.
Inter new principal offices address, if applicabl	e:	···	
<u>Principal office address MUST BE A STREET A</u>	(DDRESS)		
			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BO	<u></u>		
			·
3. If amending the registered agent and/or regi	stered office address on our re	cords, enter the nai	ne of the new regis
gent and/or the new registered office address h			
Name of New Registered Agent:	Clayto	n Luis Slade	; ; ; ;
New Registered Office Address:	10950 San Jos	se Blvd. #60-157	7. No
	Enter Flori	da street address	
	Jacksonville	, Florida	32223
	City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If ameading Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Clayton Luis Slade	10950 San Jose Blvd #60-157, Jacksonville FL 32223	3 ≡ Add
			□Remove
			□Change
MGR	Leticia R Slade		□Add
		10950 San Jose Blvd #60-157. Jacksonville FL 3222	3 ≣Remove
			□Change
			UAdd
			[]Remove
			□Change
			□Add
			□Remove
			□Change
			∐Add
			□Remove
			□Change
		 	□Add
			□Remove
			Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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,	
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•	
(If an ef	ive date, if other than the date of filing:
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the selfective date on the Department of State's records.
he recor ord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	$\frac{02/10/7}{100} \cdot \frac{2021}{1000}$
	Signature of a member or authorized representative of a member
	V